

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/889666	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		12					53
4		10					54
5		4					55
6		4					56
7		4					57
8		4					58
9		4					59
10		4					60
11		4					61
12		4					62
13	1						63
14							64
15							65
16							66
17							67
18							68
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38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						
TOTAL DEP.	11	↓		↓		↓	
TOTAL CLAIMS	13						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS